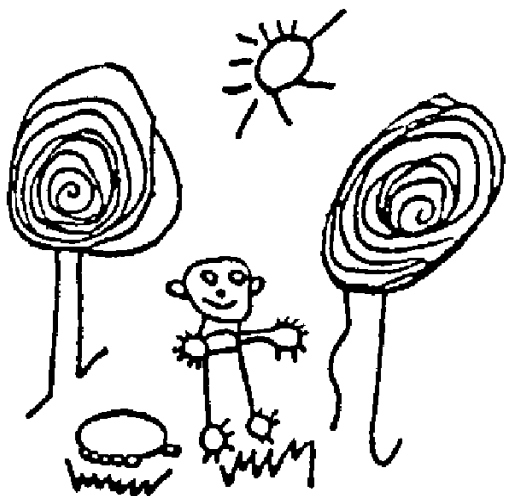


Child's Name

Enrolment Form



McGraths Hill Children's Centre (Inc)

ABN 21 226 389 044

PO Box 554
WINDSOR NSW 2756

69 Andrew Thompson Drive
MCGRATHS HILL NSW 2756

Ph : 02 4587 7141

mhcc@westnet.com.au

Attached Document Checklist

Please ensure ALL of the following documents are attached to this application before submission

Please tick to indicate documents are attached



1. Child Birth Certificate

2. Immunisation History Statement - Stating "Up to date".

3. Copy of Medicare Card

4. Any Medical Action Plans verified by medical practitioner:

- Anaphylaxis
- Asthma
- Epilepsy
- Other - specify

5. Completed Parent information and Emergency Contacts

6. All other relevant documentation

Entered by:

Date:

McGraths Hill Children's Centre Inc requires this form to be completed and all documentation to be attached prior to your child's first day with us. This information must be completed by one of the child's parents, who have lawful authority in relation to the child.

Please notify us of any change of details as soon as they arise.

Room	Joey (0-3 years)	Kangaroo (3-5 years)		
Please TICK <input checked="" type="checkbox"/> the days that your child will require care				
Monday	Tuesday	Wednesday	Thursday	Friday
Start Date:				

CHILD DETAILS:

First Name:	Middle Name:
Surname:	
Gender: Male Female	Date of Birth (ddmmyyy)
CRN :	<i>Note: Parent and child have their own individual CRN number</i>
Place of Birth:	
Address:	
Suburb:	State: Postcode:
Language spoken at home:	Cultural Background: Aboriginal: Torres Strait Islander: Other:

PARENT/GUARDIAN DETAILS:

Primary Parent *If Parent 1 is claiming CCS from Centrelink child will come under Parent 1*

First Name:	Middle Name:
Surname:	
Gender: Male Female	Date of Birth: (ddmmyyy)
CRN :	
Place of Birth:	
Address:	
Suburb:	State: Postcode:
Home Phone:	Work Phone:
Mobile Phone:	Email:
Occupation:	Place of Work:
Work Starts: Work Finishes:	Languages spoken at home:

Parent/Guardian 2

First Name:		Middle Name:	
Surname:			
Gender:	Male	Female	Date of Birth (ddmmyyyy)
Relationship to Child:			
Place of Birth:			
Address:			
Suburb:		State:	Postcode:
Home Phone:		Work Phone:	
Mobile Phone:		Email:	
Occupation:		Place of Work:	
Work Starts:		Languages spoken at home:	
Work Finishes:			

EMERGENCY / AUTHORISED PERSONS CONTACT

In case of emergency, McGraths Hill Children's Centre will contact the parent/guardian initially. If contact is unsuccessful, we will contact the following people, in the order that they are listed. *Photo Identification will be required of each emergency/authorised person upon entering the centre.*

CONTACT 1

First Name:		Middle Name:	
Surname:			
Relationship to Child			
AUTHORITY TO		YES ✓	NO ✓
Collect/Deliver to/from the service			
Give permission for excursions out of the service			
Consent to medical treatment			
Permit transportation by ambulance service			
Request/Permit medication to be given			
Should be notified of an accident, injury, trauma or illness if the parent/guardians cannot be contacted			
Address:			
Suburb		State:	Postcode:
Home Phone:		Work Phone:	
Mobile Phone:		Email:	

CONTACT 2

First Name:	Middle Name:	
Surname:		
Relationship to Child		
AUTHORITY TO	YES ✓	NO ✓
Collect/Deliver to/from the service		
Give permission for excursions out of the service		
Consent to medical treatment		
Permit transportation by ambulance service		
Request/Permit medication to be given		
Should be notified of an accident, injury, trauma or illness if the parent/guardians cannot be contacted		
Address:		
Suburb:	State:	Postcode:
Home Phone:	Work Phone:	
Mobile Phone:	Email:	

CONTACT 3

First Name:	Middle Name:	
Surname:		
Relationship to Child		
AUTHORITY TO	YES ✓	NO ✓
Collect/Deliver to/from the service		
Give permission for excursions out of the service		
Consent to medical treatment		
Permit transportation by ambulance service		
Request/Permit medication to be given		
Should be notified of an accident, injury, trauma or illness if the parent/guardians cannot be contacted		
Address:		
Suburb:	State:	Postcode:
Home Phone:	Work Phone:	
Mobile Phone:	Email:	

MEDICAL INFORMATION

Medicare no: Child Number on card:	YES ✓	NO ✓
Private Health Fund Name: Member Number: Child Number on card:		
Family Doctor Name and Practice:		
Address:	Phone:	
Family Dentist Name and Practice:		
Address:	Phone:	

HEALTH INFORMATION

Please attach a copy of all relevant documentation in regards to the following:	YES ✓	NO ✓
Is your child fully immunised Immunisation History Statement Attached		
Does your child suffer from any of the following:		
Anaphylaxis		
<i>If yes, please provide relevant details and signed :</i> 1. Action Plan 2. Risk Minimisation Plan and Communication Plan (this is to be completed with Director, ECT or Responsible Person)		
Allergies		
<i>If yes, please provide relevant details and signed :</i> 1. Action Plan 2. Risk Minimisation Plan and Communication Plan (this is to be completed with Director, ECT or Responsible Person)		
Dietary Requirements		
<i>If yes, please provide relevant details and signed :</i> 1. Action Plan 2. Risk Minimisation Plan and Communication Plan (this is to be completed with Director, ECT or Responsible Person)		
Any problems with Hearing, Sight, Speech or Medical Conditions		
<i>If yes, please provide relevant details-</i> 1. Action Plan 2. Risk Minimisation Plan and Communication Plan (this is to be completed with Director, ECT or Responsible Person)		
Any Medical Conditions, operations, illnesses, disabilities		
<i>If yes, please provide relevant details-</i> 1. Action Plan 2. Risk Minimisation Plan and Communication Plan (this is to be completed with Director, ECT or Responsible Person)		
Asthma		
<i>If yes, please provide relevant details-</i> 1. Action Plan 2. Risk Minimisation Plan and Communication Plan (this is to be completed with Director, ECT or Responsible Person)		

Does your child take any regular medication		
<i>If yes, please provide relevant details-</i>		
Does your child have a physical disability or delay, including intellectual, sensory, or physical impairment		
<i>If yes, please provide relevant details and medical reports</i>		
Does either parent have a disability		
<i>If yes, please provide relevant details-</i>		

FAMILY STATUS

Please attach a copy of all relevant documentation in regards to the following:	YES ✓	NO ✓
Both parents at home		
<i>If no please provide details-</i>		
Custody Arrangements - If you are separated or divorced, who has legal custody of the child?		
Are there any court orders, parent orders or parenting plans relating to the powers and responsibilities of the parents in relation to the child or access to the child		
<i>If yes please provide details - Court Order</i>		

ROUTINES

	YES ✓	NO ✓
Has your child begun toilet training? If yes, what is their routine?		
Is your child used to being with other children		
Is your child used to being with other adults		
Is this the first time your child has been cared for by someone other than a family member		
Are there any aspects of your child's cultural ethic, and/or religious background that you would like us to be aware of		
<i>If yes please provide details-</i>		
Any special consideration for you child? For example: cultural, religious or additional needs?		
<i>If yes please provide details-</i>		
Indigenous Status		
<i>If yes please provide details-</i>		

I/we hereby apply for the enrolment of my/our child _____ and agree to the following:

PRIVACY INFORMATION

Protection of privacy and the need for confidentiality is fundamental in providing a high quality child care service.

- The primary purpose that our service collects information for us to enable McGraths Hill Children's Centre to provide your child with an individual developmentally appropriate program that is educational, stimulating, nurturing and safe.
- McGraths Hill Children's Centre requires certain information to be collected in accordance with administration of Child Care Subsidy, regulations or legislation that directly relate to the operation of a children's service.
- McGraths Hill Children's Centre discloses personal and sensitive information to the service's educators, for the specific purpose of administration and education of your child.
- McGraths Hill Children's Centre will obtain parent/guardian permission before disclosing a child's personal and sensitive information to a professional attending our service for the specific purpose of providing a service for your child. This includes early intervention teachers, speech therapists, occupational therapists, doctors and counsellors.
- McGraths Hill Children's Centre will create a profile of your child on StoryPark which is our electronic developmental programming and recording communication and community information platform. Permission granted upon acceptance of electronic invitation to upload and store daily stories that may include your child. All developmental records are private and only accessed for programming and viewing by you for educational purposes only.
- McGraths Hill Children's Centre takes all reasonable precautions to ensure personal information that we collect and disclose is accurate, complete and up-to-date. Please ensure you inform the service of any changes to the information supplied ASAP

RULES OF ENROLMENT

1. Have viewed McGraths Hill Children's Centre and consent to the enrolment of my child
2. A deposit of \$200 is payment on enrolment - which is refundable upon termination of enrolment providing 2 weeks' notice is given and fees up to date at time of termination.
3. Fees are to be paid regularly equivalent of the weekly fee amount and individual Child Care Subsidy (CCS) eligibility registered through Centrelink. Full fees will be charged up until approval of eligibility of CCS through the CCS System.
4. Enrolment may be terminated should fees not remain up to date.
5. Fees are charged and payable 49 weeks per year whether the child attends or not including sick days, family holidays, public holidays except for our annual closure period of 3 weeks usually from Xmas Eve through to middle of January the following year. The exact dates will be determined by consultation with management committee and staff each year.
6. Enrolment or reduction of days at the Centre may be cancelled or modified by me/us with 2 weeks written notice up to November 1 of attending year. If notification is received after November 1 in the attending year, the remainder of fees for the year are due and payable.
7. I/we acknowledge and agree to abide by the Policies and Procedures of the Centre. The centre is not to be a place of access for custody changes.
8. All educators and staff are under the Children and Young Person Act (Care and Protection 1998) are mandatory reporters of abuse. A mandatory reporter is someone who is required by law to make a report to Department of Families and Community Services (FACS) if they have a significant concern about the safety, welfare or wellbeing of a child.
9. I/we agree that my child will attend the Centre from the commencement date indicated on the enrolment form. Fees will be charged to me from this date.
10. I/we Under the terms of the Privacy ACT (amended 28 Dec 2011) you irrevocably authorise any person or company to provide us with such information as we may require in response to our credit inquiries. You authorise us to furnish to any third party, details of this application and any subsequent dealings that you may have with us as a result of this application being actioned by us.
11. You undertake to pay the account in full on or before the due date. In default of such prompt payment, you undertake to pay late payment fees of 5.0% per month on any amount outstanding, and to indemnify us and pay all costs and expenses on a solicitor and own client basis if legal action is necessary, and/or any debt collections fees, which we may incur in recovering from you any overdue amount
12. Agree that in case of accident or injury, the Centre will attempt to contact me/us and where I/we cannot be contacted, medical care and /or ambulance service may be sought and given to the child, and I/we agree to meet any cost incurred.
13. Are aware that the child be excluded from care at the Centre if he/she has contracted a contagious disease or condition.
14. Understand that the child will be accepted back into the Centre upon provision of a "clearance certificate" for the child from medical practitioner.
15. Aware that the Centre may require presentation of a medical certificate in the event of the child developing a medical disability or abnormality.
16. Agree to provide the Centre with all information regarding the health of my/our child
17. Understand that the Centre may be used as a training and observation centre by students aiming to/or already working with young children.

18. Aware that the Centre may occasionally have visitors, or volunteers at the Centre, and consent to my/our child being in the presence of volunteers or visitors, with the Centre's appropriate supervision.
19. Understand that a system of late collection operates at the Centre, to cover overtime payments to staff, and that I/we are obliged to drop off/pick up the child as negotiated with the Centre. Any late collection will result in a fee being charged

I/we have read, understand and agree to abide by the conditions of this contract.

Primary Parent/Guardian

Secondary Parent/Guardian

Print Name _____

Print Name _____

Signature _____

Signature _____

Date _____

Date _____

How did you find out about McGraths Hill Children's Centre?

Word of mouth		Internet Search	
Website		Advertising	
Other			